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The Endocrinologist

THE NEWSLETTER OF THE SOCIETY FOR ENDOCRINOLOGY • ISSUE 79 SPRING 2006

SOCIETY FOR ENDOCRINOLOGY 60 1946 2006

All in the mind: fat hormones in the brain

PLUS

Launch of new European Society of Endocrinology

Marks out of 10: how you rate us

EDITORIAL

This is my debut as Editor of *The Endocrinologist*. As I write, it is still January, a miserable month brightened only by the haggis and neeps of Burns' night. The short driech days and long evenings are filled with stressed hormonal teenage daughters anxious about course work and mock exams. Meanwhile, the newspapers inform me that Scotsmen have the shortest life expectancy in the developed world - the nadir being an average of 56 years in Calton, Glasgow. (It's unclear if this is mode, mean or median, but what can you expect of *The Times?*)

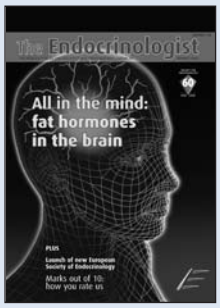
But February offers hope, with the prospect of half-term skiing, accompanied by glühwein and bratwurst on the piste. Encouragingly, *The Guardian* (stolen from my sudoko-obsessed wife) says that laughing for 15 minutes a day prevents heart disease (presumably residents of Calton need 30 minutes). It is doubtful whether *The Endocrinologist* could generally induce uncontrollable, rolling-in-the-aisles, laughter. However, we do have the inimitable Hotspur, who despite misplaced talk of retirement, has been tempted to share further amusing tales of fame achieved through sporting endeavour in South American circles (see page 11). If he doesn't leave a wry smile on your lips, then I suggest you start a statin and reserve a bed in your local coronary care unit. For the record, Scotland did not play in the 1970 World Cup.

Apart from attempting to add some mirth to your day, the main aim of *The Endocrinologist* is to keep you abreast of the activities of your Society, and encourage your active involvement. Like so much around us, the Society has to adapt in the face of external changes. One of the biggest challenges at present is how best to respond to the creation of the European Society of Endocrinology (see page 7). In particular, we are carefully debating the impact of an annual European meeting on the timing and nature of our own meetings. On pages 8 and 9, the results of a recent Members' survey on your views about the Society's development are discussed, and on page 10 Michael Wilkinson writes about the role of fat hormones in the brain.

In forthcoming issues, each of the Society's officers will outline their role, priorities and ambitions for their term of office. On page 3, John Wass, your new Chairman, looks at his goals for the next 3 years. The Society welcomes all feedback, which can be sent directly to John, or passed through the desk of this newsletter.

Suggestions for future articles are much appreciated. As Editor, I am particularly keen to pack each edition not only with fascinating endocrinology but also with contributions from aspiring Hotspurs or even Chelsea girls. A cartoonist is needed, and any hints on coping with teenage daughters are welcome. We are planning a summer 'German World Cup' special edition so examples of German humour would be particularly appreciated. For the record, Scotland will not be participating, but I hope to maintain my New Year's resolution anti-stress diet of Wogan in the morning and Seinfeld in the evening.

PETER TRAINER



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Meet your Chairman

As the Society's Chairman, John Wass's main duties include directing policy and strategy, representing the Society externally, and maintaining an overview of endocrinology, so that issues are acted on appropriately. He also chairs the Society's Council, sits on the Board of BioScientifica and plays a leading role on many other Society committees and Editorial Boards, and in the Clinical Endocrinology Trust. Here, he takes an opportunity to explain how his current activities, alongside those of the other officers, are shaping the Society's future.

► Last November, the new Society officers met with staff from the Bristol office to review the Society's strategy. BioScientifica's success has put us in a good financial position. This meant we could discuss and identify areas for increased Society activity in the next few years. The day's discussion was helped considerably by the recent members' survey (see pages 8 and 9 for details). We are very keen to put more effort into recruiting both basic scientists and clinicians into the field of endocrinology. We want to see more interaction at our annual meeting between younger endocrinologists and others. We want to raise the profile of endocrinology, through the Biosciences Federation which has an increasing public profile. Hopefully this will help basic science in endocrinology. Council are to discuss our report from the day at their next meeting.

Meanwhile, much work has gone into revamping the Society's new yearly meeting, which will take place every spring from 2007. This work is being led by David Ray, our Programme Secretary. It will further improve the quality of our annual endocrine meeting.

The other officers and I are keen that your Society should continue to thrive, to strengthen endocrinology and to meet the needs of you, its members. Please write in with your views on how we can meet our objectives, or other areas you think we should embrace.

JOHN WASS

Nominations needed for Finance Committee

► **One vacancy is available on the Society's Finance Committee. Nominees must have experience of operating a large budget and a sound knowledge of investments and management accounts. They should have a good understanding of the Society's activities and ethos.**

If you would like to be considered for election, and would like further details, please contact Pat Barter, Finance Director, in the Bristol office (pat.barter@endocrinology.org). Nomination forms are available from www.endocrinology.org/sfe/commit.htm#fin or from christine.davis@endocrinology.org. The deadline for receipt of nominations is 31 March 2006.

Election of Committee Members

► Following a call for nominations, we are pleased to welcome Dr Faisal Ahmed (Glasgow) and Dr Miles Levy (Leicester) to the Clinical Committee and Karen Chapman (Edinburgh), Dr Chris McCabe (Birmingham) and Dr Melissa Westwood (Manchester) to the Science Committee. They will serve for 4 years from 1 January 2006.

The Society is grateful to the retiring members, Prof Peter Clayton and Dr Diana Wood (Clinical Committee) and Dr Andrew Baird, Prof Martin Hewison, Dr Peter Jones and Prof John Morris (Science Committee) for their time and input over the past 4 years.

MEMBERS ON THE MOVE...

► **M Barr** to BHF Glasgow Cardiovascular Research Centre; **G Frost** to University of Surrey, Guildford; **N Karavitaki** to Churchill Hospital, Oxford; **D Morris** to The Ipswich Hospital; **N Page** to Kingston University, London; **R Rashid** to Royal Hospital for Sick Children, Glasgow; **J C Stevenson** to Royal Brompton Hospital, London.

SOCIETY CALENDAR

11 July 2006
Society for Endocrinology Molecular Endocrinology Workshop at Summer School
The Möller Centre, Cambridge

12-13 July 2006
Society for Endocrinology Advanced Endocrine Course at Summer School
The Möller Centre, Cambridge

14 July 2006
Society for Endocrinology Clinical Practice Day at Summer School
The Möller Centre, Cambridge

5-7 September 2006
Society for Endocrinology Endocrine Nurse Training Course
University of Southampton

6-7 November 2006
197th Meeting of the Society for Endocrinology
Kensington Town Hall, London

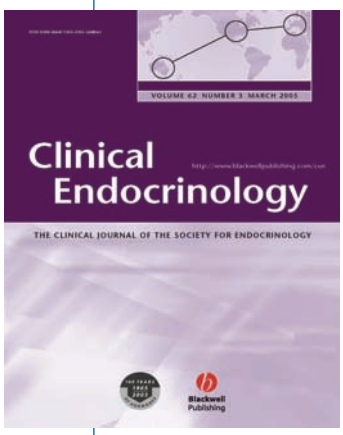
New Honorary Members

► The Society's Council elects honorary members whose special distinction in endocrinology or outstanding service to the Society is notable. We are delighted that invitations for Honorary Membership have been accepted by: **Henry Burger**, Clayton, Victoria; **Kevin Catt**, Bethesda; **Judah Folkman**, Boston; **Roger Guillemin**, La Jolla; **Bruce McEwen**, New York; **Salvador Moncada**, London; **Maria New**, New York; **Bengt Samuelsson**, Stockholm; **Wylie Vale**, La Jolla.

PRIZE WINNERS

► The winners of the oral communications prizes at the November meeting were L Rice (Manchester) for her talk 'Characterisation of a novel glucocorticoid-interacting protein expressed in human cancers that modulates glucocorticoid', and H Chahal (Southend) for 'Coronary artery calcium scores in UK subjects with diabetes'. Winners in the poster category were J Porter (Birmingham) with 'Familial diabetes in Asian families; remember MODY', and A Berry (Manchester) with 'Rapid glucocorticoid effects: novel signalling protein interactions'.

From strength to strength for *Clinical Endocrinology*



► 2006 should be another highly successful year for *Clinical Endocrinology*, the Society's clinical journal. Online manuscript submission and handling reduced the average time to final acceptance to less than 90 days in 2005. Publication of accepted papers online before they appear in print means they are available more quickly than ever. Furthermore, the journal's impact factor has continued to climb, reaching 3.023 for 2004.

To keep the journal at the forefront of endocrine research and clinical practice, it must continue to highlight new advances in the clinical management of endocrine disorders. A new section entitled 'Clinical Practice Updates' will help achieve this. This first appeared in January 2006, and we look forward to receiving feedback from readers, as well as manuscript submissions and suggestions for this new section.

Professor John Connell replaced Paul Stewart, our retiring Senior Editor, in 2005. The Editorial Board has undergone a new round of appointments and now includes senior endocrinologists from around the world. Finally, Dr Aart-Jan van der Lely has been appointed as our new Editor for Continental Europe. He, Dr Stephen Judd (for Australasia) and Dr Bill Young (for the Americas) join us in our commitment to maintain a truly international relevance and impact for the journal.

JAYNE FRANKLYN AND JOHN CONNELL, SENIOR EDITORS

CLINICAL REVIEW LECTURER

► Dr John Lindsay from the Royal Victoria Hospital, Belfast, is the 2006 Clinical Review Lecturer. His winning abstract was entitled 'Challenges in disease detection and treatment of the hypothalamic-pituitary-adrenal (HPA) axis during pregnancy'. Dr Lindsay gave his lecture at the Clinical Cases Meeting in London on 15 February.

Certificate of Adult Endocrine Nursing

► Congratulations to Linda Smethurst, who has recently completed her Certificate of Adult Endocrine Nursing. Linda is the sixth holder of this award.

Congratulations

► We are delighted to announce that Council member Prof Steve Atkin (Hull) has been awarded a Chair.

OBITUARY

NICK HALES

► Professor Nick Hales FRS was a diabetes researcher of international distinction. Despite 'retiring' 3 years ago and his increasing ill-health, Nick remained passionate about biomedical science, and continued to supervise students and post-docs, write papers and, most notably, think imaginatively about challenging problems in biomedicine.

Born in Stafford in 1935, Nick read medicine at Cambridge, and completed his training at University College Hospital. Returning to Cambridge, he undertook a PhD with Philip Randle in the Biochemistry Department. At that time, radioimmunoassay methodology was in its infancy, and Nick developed an insulin assay which was reliable and capable of reasonable throughput. His method was rapidly commercialised and became the basis for the first widely used insulin assay. This achievement led to many attractive offers to move across the Atlantic, but Nick decided to stay in Cambridge, and became a lecturer in biochemistry.

He developed the novel immunoradiometric assay using radiolabelled antibodies to measure insulin and other peptide hormones with great specificity and sensitivity. In a seminal *Nature* paper of 1968, he predicted the use of enzymatic rather than radioactive labels. Diagnostic tests based on such labelled antibodies are now used worldwide in countless clinical and research applications.

He became Professor of Chemical Pathology and Head of the cognate NHS department in Cardiff in 1970. In 1977 he returned to Cambridge, again to head a joint university and NHS department, an alliance that he greatly valued. During a sabbatical in Seattle in 1984, he and Dan Cook described an ATP-sensitive K^+ channel in pancreatic β cells, and correctly suggested that it might be the link between cellular metabolism and insulin secretion.

Following a chance encounter with David Barker in 1988, Nick became fascinated by Barker's suggestions that prenatal events could influence later health. He dedicated the remainder of his scientific life to putting mechanistic flesh on these epidemiological bones. His *Nature* report with Sue Ozanne in 2004, describing the adverse effects on longevity of even a short period of early postnatal overfeeding after intrauterine nutritional deprivation, caught the world's attention, and fuelled increased interest in the topic of nutritional programming.

He was a hugely supportive, enthusiastic and highly social head of department, with a great fondness for combining good beer and science. He is survived by his children Tim and Kate and his wife Margaret.

STEPHEN O'RAHILLY

John is among the 1 in 10 men over 50 with late-onset hypogonadism (LOH).[1]

New Testim Gel, is doing far more than just normalising his testosterone level.[2] This new patient-friendly approach to testosterone replacement therapy (TRT) is also helping to address the symptoms associated with LOH like increased body fat, reduced bone mineral density, low mood, sexual dysfunction and a generally reduced sense of well being.[2-4]

And John feels in control of his life again.

Testim® gel
testosterone 50mg

Far more than just the right level of testosterone

PRESCRIBING INFORMATION Testim® 50mg Gel (testosterone)
Presentation: Tube of 5g containing 50mg testosterone in a clear gel. **Indications:** Testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests. **Dosage:** One 5g tube daily. If serum testosterone concentrations are below the normal range, the dose may be increased from 50mg (one tube) to 100mg (two tubes) once daily. Once the tube is opened, apply immediately to clean, dry, intact skin of the shoulders and/or upper arms, preferably in the morning. Do not apply to genital area. **Children:** Not for use in children. Not clinically evaluated in males under 18 years of age. **Contraindications:** Known or suspected prostate or breast cancer. Hypersensitivity to testosterone or any excipients of the gel. **Warnings and Precautions:** Prior to therapy, exclude prostate cancer. Examine breast and prostate gland at least annually and twice yearly in elderly or at risk patients (clinical or familial factors). Monitor serum calcium levels in cancer patients at risk of hypercalcaemia/hypercalciuria. Testosterone may cause oedema with or without congestive cardiac failure in patients with severe cardiac, hepatic or renal insufficiency. In this case, stop treatment immediately. Use with caution in patients with hypertension, ischaemic heart disease, epilepsy and migraine. Possible increased risk of sleep apnoea in patients who are obese or with chronic respiratory disease. Improved insulin sensitivity may occur. Irritability, nervousness, weight gain, prolonged or frequent erections may indicate excessive androgen exposure requiring dosage adjustment. If severe application site reactions occur, discontinue if necessary. Periodically monitor testosterone concentrations, full blood count, lipid profile and liver function. Testosterone may produce a positive reaction in anti-doping tests. Not for use in women. The gel may be transferred to others by close skin to skin contact, which could lead to adverse effects (inadvertent androgenisation) on repeated contact. Inform the patient about transfer risk, which can be prevented by covering or washing the site prior to contact. Testim Gel should not be prescribed for patients who may not comply with safety instructions (e.g. severe alcoholism, drug abuse, severe psychiatric disorders). Pregnant women and children must avoid any contact with application sites. **Interactions:** Interactions reported with oral anticoagulants, ACTH or corticosteroids, propranolol and thyroxine-binding globulin in laboratory tests. **Side effects:** Common (4%): skin reactions and increased PSA. Also reported: worsening hypertension, acne, rash, application site reactions, gynaecomastia, increased haematocrit, red blood cell count and haemoglobin. Other known reactions to testosterone treatments: prostate abnormalities and prostate cancer, pruritus, vasodilation, emotional lability, nausea, alopecia, cholestatic jaundice, generalised paresthesia, hirsutism, seborrhoea, decreased libido, anxiety, altered blood lipid levels including a reduction in HDL cholesterol and alteration in liver functions tests. In high dose, prolonged treatment: electrolyte disturbances, oligospermia, frequent and/or prolonged erections. **NHS Cost:** £33.00 per pack of 30 x 5g tubes **POM:** PL 06958/0027 **MA holder:** Ipsen Ltd, 190 Bath Road, Slough, Berks SL1 3XE **Date of preparation:** March 2005. Testim® Gel is a registered trademark.

References: 1. Harman SM *et al. J Clin Endocrinol Metab* 2001; **86:** 724-731. 2. McNicholas TA *et al. BJU Int* 2003; **91**:69-74. 3. Steidle C *et al. J Clin Endocrinol Metab* 2003; **88**:2673-2681. 4. Dean JD *et al. Rev Urol* 2004; **6**(Suppl 6):S22-S29.

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SOCIETY NEWS

Committee News

The latest from each of the Society's Committees.

Finance

The Committee have discussed the budgets for the year 2005-2006. They also agreed that the financial year-end should be changed to 31 July, in light of the AGM taking place in spring from 2007. The review of investment managers requires some further enquiries to be made about one of the potential companies, following a change in their status. Julia Buckingham's term on the Committee has ended, and members are asked to nominate a replacement (see page 3).

Nurses

Karen Campbell (Glasgow), Christine Gibson (Manchester) and Viv Thornton-Jones (Oxford) have been elected to the Committee from 1 January 2006. We thank Morag Middleton and Philip Yeoh for their contributions over the past 4 years. Margaret Miller will remain on the Committee for a further year as a co-opted member.

Programme

The Committee have discussed the programme for the 197th Meeting of the Society (6-7 November 2006, Kensington Town Hall), and the 2-day meeting's exciting content will reflect that it is the Diamond Jubilee. The medal lectures will include an additional Jubilee Medal Lecture. The preliminary programme will be sent to members in May 2006.

Publications

The Society's current publications programme was reviewed. The Committee thanked Marc Lippman, who retired as Editor-in-Chief of *Endocrine-Related Cancer* at the end of 2005. The Society had commissioned an independent report on a possible conflict of interest between the publishing activities of BioScientifica and the Society of Endocrinology. The Committee reviewed the report and accepted its finding that the structure of the two bodies meant that no such conflict arose. There was much discussion of recent developments in open archiving and repositories, and how the Society should respond to the activities of several research funding bodies in this area.

Young Endocrinologists

Kim Jonas (London) and Mabrouka Maamra (Sheffield) were welcomed to the Group.

Strategy Update

The Strategy Awayday took place at the end of November. Its main aims were to agree new ways of supporting endocrinology, to decide how to support the Society's growth, and to strengthen our governance of the Society. A full report will follow. Feedback from the questionnaire that members received last October can be found on pages 8 and 9 of this issue.

GENERAL NEWS

Biosciences Federation

► **The Biosciences Federation represents over 70 000 life scientists and aims to provide decision makers with a single authority on the life sciences. The Federation is committed to dialogue on the ways in which science can help deliver the Government's aims. It recently invited its 38 member organisations to recommend science policy priorities for the recently elected Government, in order to progress its 10-year plan. The top six priorities that the Federation has commended to Government for the next 5 years are as follows.**

Attracting, training and retaining world class scientists - this is crucial to maintain the UK science base. The value of a science degree in all employment sectors must be emphasised, while those who choose to follow a scientific career must be fairly rewarded.

Stimulating public enthusiasm for science and technology - the public perception of science has an enormous impact on how policies are formulated, the type of research that can be conducted, and on the attractiveness of the UK as a place to do science.

Ensuring that public policy is underpinned by sound science - public policy should be based on the best research and an appreciation of the deficiencies in the available information. Good policy-making depends on a strong scientific culture within Government departments.

Promoting more effective commercialisation of science - exploitation of science and engineering by academic institutions requires access to staff who can manage commercial enterprises.

Ensuring strategic science provision in higher education - withdrawal of courses is beginning to impinge severely on the full breadth of biology, particularly in applied areas of biology. The real costs of delivering such courses are often underestimated. As modern science is cross-disciplinary, the closure of physical science courses is also a potential threat to the future of biosciences research.

Fostering closer links with the European science base - science does not respect international boundaries. Strengthening European research overall will help the UK achieve the challenging targets set out in the 10-year Science and Innovation Framework.

For more information, see the Biosciences Federation web site at www.bsf.ac.uk.

New head for Biosciences Federation

Richard Dyer replaced Mike Withnall as Chief Executive of the Biosciences Federation in January 2006. Prior to this appointment, Dr Dyer was Director and Chief Executive of the Babraham Research Institute in Cambridge.

From EFES to ESE

► **The European Society of Endocrinology (ESE) was launched on 1 January 2006. Its mission is to promote all aspects of endocrinology and to define endocrine care in an expanding Europe. It will stimulate exchange and education, put endocrinology much more firmly on the research agenda of the European Community, and in particular involve all 13 000 individual European basic and clinical endocrinologists more actively in strengthening the role, the status and the impact of the specialism.**

ESE replaces EFES (the European Federation of Endocrine Societies), which had achieved a great deal in the last 22 years. The decision to establish ESE in place of EFES was taken following careful consultation, to allow the necessary development of the organisation supporting European endocrinology.

ESE has three categories of membership:

Ordinary membership is open to researchers, clinicians and students in the field of endocrinology and hormonal systems. These members have voting rights and can attend general meetings. Benefits include reduced rate registration at the European Congress of Endocrinology and any other ESE events, access to a web-based directory of European endocrinologists, a bi-annual newsletter and email alerts advising of news and grants. They also receive a reduced rate subscription to *European Journal of Endocrinology, Journal of Endocrinology, Endocrine-Related Cancer,* and *Journal of Molecular Endocrinology.*

Affiliated society membership is open to national endocrine societies and pan-European sub-specialist endocrine societies in Europe. All previous full and affiliated members of EFES have automatically become affiliated societies of the ESE, will have one vote per society and can attend general meetings. For details of the current affiliated societies see www.euro-endo.org. Benefits will include the ability to nominate ECE locations, voting rights, information on developments in Europe and access to representation in Brussels.

Corporate membership is open to companies working in the field of endocrinology. There are no voting rights associated with this category of membership, but members can attend general meetings. Benefits include priority booking and discounts when exhibiting at or sponsoring ESE congresses or other events, and access to Europe's opinion leaders.

All attendees at ECE 2006 in Glasgow, UK, on 1-5 April 2006 will be invited to become members of the ESE free of charge for 2006 (see www.ece2006.com for details). To find out more about ESE and membership go to www.euro-endo.org.

European Society of Endocrinology

Florinef shortage

This is an extract from a letter to the Society from Bristol-Myers Squibb on the current shortage of Florinef.

► 'Bristol-Myers Squibb is carefully managing stocks of Florinef as some limitation has arisen during the process of transferring manufacturing to a new site. I would like to reassure you that Bristol-Myers Squibb currently has sufficient supplies of Florinef to meet the demand for human use only. We are making regular deliveries to the major wholesalers to ensure continuity of supply. We have also now been successful in establishing supplies for the veterinary community from a different source.

Pharmacists and patients should not have any difficulty obtaining Florinef. However should this situation arise we have made provision for pharmacists, and patients via their pharmacist to order supplies of Florinef directly from our Customer Services department tel: 01244 586 251, referred to as "special orders". If you do receive any reports of pharmacists or patients struggling to obtain Florinef please would you refer them to our Customer Services department. Their order will then be dispatched immediately.'

Royal Society Rosalind Franklin Award

► The Royal Society invites nominations for the 2006 Rosalind Franklin Award. This annual award takes the form of a medal and £30 000. It is made to an individual for an outstanding contribution to any area of natural science, engineering or technology. It is funded by the DTI's Office of Science and Technology, as part of its efforts to promote women in these disciplines. It is made to someone in mid-career, ideally between 5 and 25 years after the start of their PhD, and actively involved in scientific research. For further information see www.royalsoc.ac.uk/page.asp?tip=1&id=1782.

BONE RESEARCH SOCIETY

► The Bone and Tooth Society has recently changed its name to the Bone Research Society, to accurately reflect the Society's modern remit. The new name is accompanied by a new web site, at www.brsoc.org.uk. More information about the Bone Research Society is available from the Secretary, Tim Arnett (Tel: 020-76793309; Email t.arnett@ucl.ac.uk). The Society will be meeting jointly with the British Orthopaedic Research Society for the first time this year. For further details, see www.brs-bors-2006.org.

BONE RESEARCH SOCIETY

What members want...

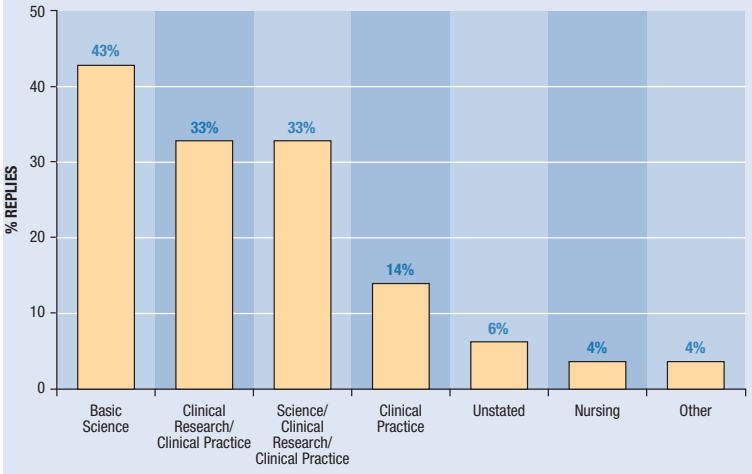
► The Society's renewed healthy financial position means we can develop further over the next 5 years, as well as maintaining our current services. Last year, we asked for your views on how we should spend the Society's funds, and the new areas we should develop.

Your responses formed an important part in shaping the conclusions of the Society's recent Strategy Awayday. We are very grateful to all members who replied to the questionnaire and made it such an informative exercise.

As you can see below, the returned questionnaires provide an important insight into the views of the membership. Society demographics at the end of October showed that, of the 1802 members, 53% were clinical, 38% were basic scientists and 5% were Nurse Members (others were unspecified). Furthermore, 73% were Ordinary Members, 18% Junior Members, 9% Senior Members and 1% Honorary Members.

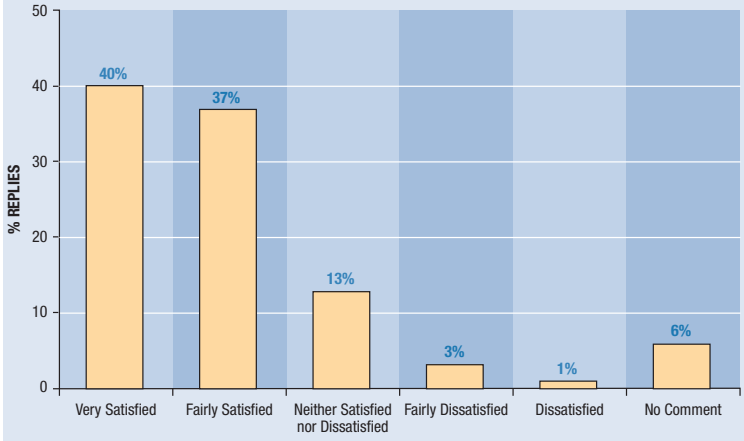
Figure 1. Respondents' areas of work

NB *Figures are over 100% as repondents could select more than one area*



A total of 137 members (8%) responded to the questionnaire. The typical respondent was a UK-based, Ordinary Member under the age of 40. Figure 1 shows how the respondents classified their areas of work.

Figure 2. Satisfaction with the Society's work



Those who responded were very happy overall with the work of the Society (Figure 2): 77% were either very or fairly satisfied, compared with 3% who were fairly dissatisfied. 1% stated that they were dissatisfied with the work of the Society, but unfortunately we do not know why, nor do we know their academic background.

When the data relating to basic scientists and clinicians were compared, the results for the two groups were very similar. More than three-quarters were at least satisfied. None of the basic scientists was dissatisfied with the Society and only 4% of clinical members stated that they were fairly dissatisfied. Once again we unfortunately have no further information about the source of their dissatisfaction.

One of the questionnaire's main aims was to discover what the membership think of the Society's current services. Respondents were able to state whether they would like to see current services expanded, reduced or kept as they are.

Figure 3 shows that most respondents would like the Society to provide more opportunities for continuous professional development (for all membership types), more promotion of endocrinology to the public, more fellowships and studentships, more travel grants and more educational materials available on the web.

Respondents would like the Society's clinical position statements and science policy statements, the publication of the newsletter, books and journals, and the number of training courses and conferences to remain at the current level.

No areas were highlighted by the majority of respondents for a reduction in the level of service provided by the Society, which is very encouraging.

To gauge members' support for specific services, the questionnaire asked how strongly they agreed with various statements.

The first was whether 'The Society should increase its support for younger members' (e.g. grants and other services to attract young scientists and doctors into endocrinology, grants and career support to keep young scientists and doctors in endocrinology, prizes for outstanding young endocrinologists, lobbying to improve career structure).

	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
Total	52	39	3	0
Clinicians	49	41	3	0
Basic Scientists	60	35	2	0

Table 1 – *Agreement that the Society should increase support for younger members*

The Society was very encouraged by the responses (Table 1), which clearly demonstrated that most respondents strongly support this area of work. As a result, one of the main items at the Awayday was how the Society can recruit and retain an increasing number of young people (scientists, clinicians and nurses) into endocrinology.

Respondents were also asked whether 'The Society should increase public awareness of endocrinology' (e.g. web-based public/patient information resources, increased public relations activities, school materials).

	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)
Total	33	48	11	2
Clinicians	40	45	5	3
Basic Scientists	28	65	5	0

Table 2 – *Agreement that the Society should increase public awareness of endocrinology*

As with the first statement, most respondents agreed overall that the Society should increase the public's awareness of endocrinology (Table 2). We were disappointed that a small percentage of respondents (interestingly, clinically focused) did not support this objective, especially as the advancement of education and research in endocrinology for the public benefit is the Society's prime charitable aim.

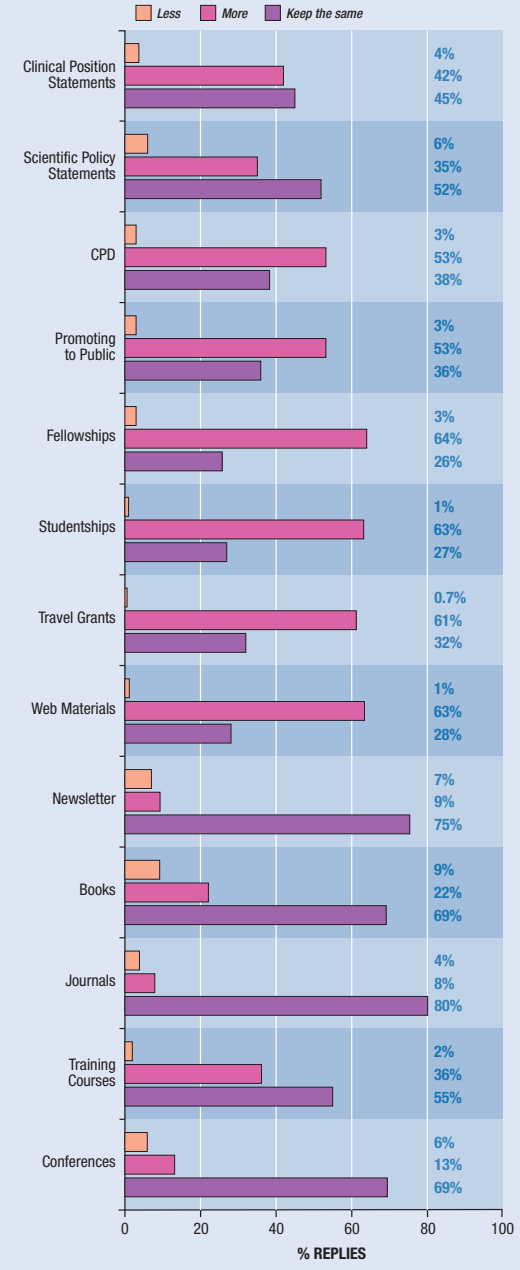
The questionnaire also gave members ample opportunity to comment on any area of the Society that they felt could improve. This resulted in an extensive, varied list of comments, including grant issues, basic and clinical careers, education in schools, publishing, interaction with Europe, meetings and administrative matters! Further details of these comments can be obtained from rachel.evans@endocrinology.org.

This exercise has provided the Society with an invaluable insight into your thoughts. We hope to be able to act upon many of the issues raised, to support our members, to strengthen endocrinology as a discipline and also to increase awareness and understanding of endocrinology by the public.

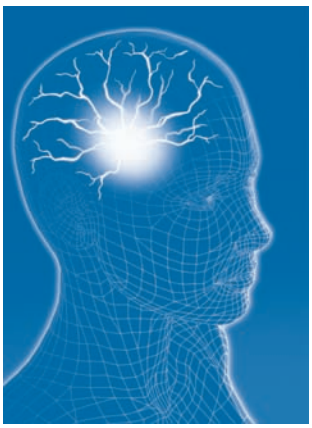
A detailed report of the Awayday will be presented to the Society's Council in March, followed by an article in *The Endocrinologist*. The report will also be publicly available at www.endocrinology.org.

For further information about the membership questionnaire, contact Rachel Evans at the Bristol office (rachel.evans@endocrinology.org).

Figure 3. Support for the Society's current services



Fat hormones of brain origin: roles and regulations?



► The brain was recognised as a major site of peptide biosynthesis 30 years ago, and more than 50 neuropeptides are now known. AGE Pearse proposed the accepted view that many peptides are common to gut and brain, one recently discovered example being the hormone ghrelin. With such precedents in mind, it is puzzling that adipose-specific peptide hormones like leptin have attracted little attention as putative neurotransmitters or neuromodulators.

The discovery of the adipocyte-derived factor leptin was a key event in the study of energy balance and body weight regulation. Leptin is just one of a large family of factors secreted by adipocytes (adipokines). These include the familiar (resistin, adiponectin), the new (fasting-induced adipose factor (FIAF), visfatin, vaspin) and the unexpected (nerve growth factor).

Leptin receptors are widely distributed in rodent and human brains. This led us to hypothesise that many of these, apart from those in the basal hypothalamus, would only be accessible to a brain-derived ligand, if not leptin of brain origin. We subsequently demonstrated that rat brain expressed leptin mRNA, and that leptin immunoreactivity could be co-localised with neuronal markers like NeuN and oxytocin. Leptin mRNA was found to be readily detectable in human, guinea pig, hamster, sheep, pig and fish brain, and in human neuroblastoma and rat glioblastoma cells. In vivo investigations demonstrated that leptin was secreted by the human brain.

However, failure to detect leptin mRNA in murine brain has profoundly influenced current thinking on its physiology. All the central effects of this adipokine are assumed to result from circulating peripheral leptin entering the brain, perhaps via a saturatable transport mechanism, and binding to leptin receptors. The widespread acceptance of this view, based solely on mouse data, neglects findings in other species that suggest brain-derived leptin may have neurotransmitter, neuromodulator or neurotrophic properties.

We extended our original hypothesis to include other adipokines. Genes for resistin, FIAF and adiponectin are significantly transcribed in rat and mouse brain and pituitary gland. In addition, we have shown that the supposedly adipose-specific membrane protein adiponutrin is expressed in mouse brain. Maddineni and colleagues have recently detected adiponectin mRNA in chicken brain and pituitary.

We do not know why leptin expression is suppressed in the mouse CNS. Literature predating our findings suggests that mice have evolved unique mechanisms of energy regulation. Notwithstanding this, a detailed investigation of brain-derived adipokines, and their effects on brain function, is justified by the evidence from other species, including our studies showing modulation of these brain-derived adipokines by nutrients.

The heterogeneous distribution of leptin receptors in extra-hypothalamic brain regions, like cerebellum, cerebral cortex, substantia nigra and hippocampus, suggests that leptin probably modulates neural pathways distinct from those related to body weight regulation. There are limited data on other adipokine receptors in the brain. Resistin receptors have not yet been identified, though central injection of resistin stimulates c-fos expression in the hypothalamus. Two adiponectin receptors have been cloned and localised to brain tissue, including the hypothalamus.

Some of the earliest investigations of obese mouse mutants revealed that the total absence of leptin (ob/ob mice) or leptin receptors (db/db mice) was associated with diminished brain weight and DNA content. More recent studies have shown that glial and synaptic proteins, and hypothalamic neuronal projections, are reduced in these mice. Leptin treatment of neonatal ob/ob mice reversed these changes. A recent report that grey matter tissue composition in leptin-deficient adult humans is increased following leptin injections is of interest. We hypothesise that brain-derived leptin may function as a developmental signal to regulate brain maturation. However, little information is available on genetically or phenotypically diabetic/obese rats. Structural abnormalities were reported in brain tissue from fa/fa rats, and central leptin injection re-established insulin sensitivity in streptozotocin-induced diabetic rats.

Experiments in rat hippocampus indicate that locally released, brain-derived leptin could influence long term potentiation (LTP). Harvey and coworkers have recently implicated leptin in hippocampal synaptic plasticity via enhancement of glutamate (NMDA) receptor function. In addition, leptin-mediated LTP is associated with improved spatial memory. Knocking down, or silencing, brain leptin expression will be critical in distinguishing between the contributions of peripheral and central leptin in these processes. Such an approach is now feasible. In preliminary experiments we have successfully used RNA interference to silence leptin gene expression in vitro.

Central adipokines may also be important components of the central inflammatory response to brain injury. This would be consistent with suggestions by Trayhurn and Wood that adipose-derived adipokines are indicators of the chronic low grade inflammation found in obese patients. We recently detected significant increases in FIAF and resistin gene expression in mouse brain after a hypoxic/ischaemic injury, or after a peripheral injection of the bacterial endotoxin lipopolysaccharide.

The data suggest that brain-derived adipokines should be considered as possible neurotransmitters, as neuromodulators, as trophic factors and as indicators of brain damage. Fat hormones of brain origin thus represent an intriguing new field of inquiry.

MICHAEL WILKINSON

Doctors who sport

► Many doctors play some form of sport. However, in that world of endeavour, their ability may not correlate closely with their status in medicine. Nonetheless, position in the medical hierarchy may occasionally be exploited to close a wide gap in sporting prowess. One example that comes to mind is a squash match I once played against Billy, my SHO at the time. Given that I was but a moderate journeyman of a player and he was an ex-junior Wimbledon tennis star, I knew I was destined to come second. That was until there was a literal 'turn' of events in the eighth minute of the match when he twisted his ankle.

'What do you want me to do, sir?' he asked.

'Play on, Billy,' I replied unsympathetically.

The rest of the match consisted of front wall drop shots. Billy accepted defeat in the full knowledge that his reference was preserved. Meanwhile I consoled him with the thought that I usually preferred my opponent to be in the throes of acute meningitis to be certain of victory.

I was less pleased when I met Luis. At that time I was still playing soccer, but my game had receded from engine room all-action assassin to run-down midfield dynamo who had lost his ability to hover. I was still turning out for the village third team, however, and only the previous Saturday, in the 67th minute, I had managed to head the ball onto the opposition crossbar from a corner. Luis was introduced to me in the clinic by a colleague.

'Luis is Uruguayan and he is here as a British Council Fellow; you will like him as he is keen on football,' I was told.

Luis was small and unremarkable in appearance. Knowing his football interest, I felt sure that there would be an opportunity to boast to him about the 67th minute header but I elected, out of misguided politeness, to first ask him if he had ever played football.

'Yes,' he said.

'What was the name of your team?' I asked.

'Uruguay,' he replied.

My heart sank! The village soccer reminiscence was out of the question. It was getting worse by the minute, as Luis told me that he had played in the 1970 World Cup tournament for Uruguay against Brazil and marked the great Pele.

'All down his back, no doubt,' I muttered softy under my breath, anxious to avoid any possibility of a South American 'kiss'!

My worst experience of a sporting interaction with a fellow medic, however, was in the annual hospital squash tournament. I was a junior research fellow at the time and, as luck would have it, I drew the Professor of Medicine as my opponent.

I had seen him play previously at the local squash club. He always played with the same colleague, an Argentinian radiologist whose English was moderately incomprehensible, but whose body position when receiving serve was even stranger, with his non-racquet-holding hand swathing his testicles. When confronted about this non-classical stance, he explained that he had played a great deal of football in his youth. Hands over the scrotum were mandatory if lined up in an Argentinian soccer wall, and he consequently continued the habit in all other sports!

For me, however, the Professor was a more irritating opponent. He was 15-20 years older than me and his body scarcely contained any muscle of note. I tore around the court, chasing everything and living off scraps, whilst he scarcely moved, just flicked his wrist to make another point disappear. At the end of each game he lit a cigarette and quaffed his pint of beer! In comparison my body had been treated like a temple, as I had not drunk alcohol for 2 weeks in anticipation of the match. Even worse was how he treated me on court: when I did manage a half-decent return he would say 'Good shot, Hadyn!'

This last 'habit' drove me nuts. It would have been bad enough if my name was actually Hadyn... Was he playing mind games, this spin-professor? Either way I lost the match 3-1 and felt like murdering him.

Gradually the passing of time has allowed me to suppress memories of the encounter. That is until last week, some 20 years after the infamous squash match, when I happened to go to the sports club in the lunch hour. I couldn't believe my eyes. There in the changing room were the Professor with a fag and a pint of beer, and his testicle-clutching incomprehensible Argentinian companion, about to embark on a game of squash. I was off to the gym, but we all met again in the changing room after our physical efforts were completed. A lovely chat about the old days and former colleagues ensued, but just as I was about to leave, and whilst his Argentinian colleague was in the shower using his one free hand to juggle with the soap, the Professor beckoned me over.

'A rather awkward question I'm afraid, a personal question that has perplexed me and my South American friend,' he said.

'Anything, ask away,' I replied.

'What's your name?' he asked.

His question sent a warm glow of satisfaction through my body, as I promptly replied, 'Hadyn!'

I was happy to see that age had not diminished him and yet, at the same time, it had mellowed me.

'HOTSPUR'

HOT TOPICS

Helen Jaques, Vicki Norton, Jayanthi Mondi and Andrew Lowe bring you highlights from the latest research in the Society's journals.

NO's role in the oviduct

Nitric oxide (NO) has emerged as a major paracrine mediator, producing a wide range of effects on reproductive processes. Production of NO is assisted by the enzyme NO synthase (NOS). To investigate a potential specific local regulatory role in oviduct function, Ulbrich and colleagues looked at NOS mRNA and protein expression and localisation during the bovine oestrous cycle, and their response to oestradiol-17β and progesterone.

Levels of endothelial NOS (eNOS) increased throughout the oestrous cycle to reach highest levels at pro-oestrous, an effect most pronounced in the ampulla of the oviduct. Inducible NOS (iNOS) was maintained at high levels in the ampulla, while initial low levels in the isthmus rose at day 3.5, then declined again towards pro-oestrous. Absolute expression of iNOS was higher than eNOS and its regulation more pronounced, implying that eNOS is responsible for constitutive NO expression while iNOS maintains cyclic expression.

The hypothesis is that downregulation of iNOS in the isthmus exerts a possible impact on the contractile response and increases oviduct motility by increasing circular smooth muscle activity. The authors conclude a physiological influence of both NOS isoforms in supporting successful fertilisation by regulating the oviduct environment. **HJ**
(See the full article in Journal of Endocrinology ***188(2)**, February 2006)*

Does GH cause cancer?

Circumstantial evidence linking GH and cancer has recently raised concerns regarding the use of GH therapy. The powerful proliferative and anti-apoptotic effects of GH's mediator IGF-I may contribute to conditions favouring tumourigenesis.

In this article, Jenkins and colleagues evaluate various evidence regarding the potential influence of GH/IGF-I on cancer development, including studies of *de novo* and recurrent cancer in GH therapy patients, and acromegaly. The evidence cited supports an association of increased GH with cancer, but the authors conclude that evidence for physiological doses of GH increasing the incidence of tumourigenesis is limited, and the potential risks of simply returning GH levels to normal are likely to be minor. The authors do, however, stress the need for longer-term follow-up.

In the same issue, Holly and Perks' commentary asks whether this issue is being approached correctly. The authors stress the importance of internal and external environmental factors in cancer development. They conclude that, given IGF-I's key role in the internal environment, the important question is 'will GH therapy alter the internal environment allowing more preclinical neoplasias to become cancers?'. Currently there is no easy answer to this question. **VN**
(See the full article in Clinical Endocrinology ***64(2)**, February 2006)*

Neurohypophysial abnormalities with Uncx4.1

The hypothalamo-neurohypophysial system (HNS) consists of magnocellular neurones producing the peptide hormones vasopressin and oxytocin. A number of transcription factors have been implicated in HNS development. Null mutations of these factors cause severe defects in proliferation, migration and survival during early embryogenesis. While these tell us about the early events in HNS development, no insights into mechanisms of late development and maturation of this major peptidergic system have yet been obtained.

Asbreuk and coworkers have now conducted a screen for adult-expressed homeobox genes and identified Uncx4.1 as a gene expressed in adult and embryonic magnocellular neurones of the HNS. In the former, they demonstrated an overlap with vasopressin expression.

Furthermore, they examined knockout mice devoid of Uncx4.1, and showed that the vasopressin neurones are viable and that the neuropeptide expression is apparently not affected. However they found that 50% of the mice exhibited abnormal connections with the pituitary. These results indicate that Uncx4.1 may have a role in defining pituitary neural lobe architecture during late development. **JM**
(See the full article in Journal of Molecular Endocrinology ***36(1)**, February 2006)*

HER2 in breast cancer

One of the genetic abnormalities in human breast tissue responsible for the progression from normal breast epithelia to invasive cancer cells is the overexpression of an HER2 oncogene. Recent studies have discovered that HER2-positive breast carcinomas generate an aggressive tumour type, with increased proliferation and metastatic potential.

In their study, Castiglioni and colleagues analysed expression levels of an HER2 splice variant which encodes a receptor lacking exon 16 in human breast carcinomas. They then examined the role of this variant in tumorigenicity and susceptibility to new therapeutic options which selectively target HER family receptors.

The study found that the HER2 splice variant is expressed in breast carcinoma samples as a proportion of the wild-type amount of encoded HER2. Importantly, the splice variant-encoded receptor is resistant to new therapeutic options: the HER1 tyrosine kinase inhibitor ZD1839 and the anti-HER2 monoclonal antibody Trastuzumab. If confirmed, this finding provides some rationale for the use of HER2 kinase inhibitors in breast carcinomas that do not respond to monoclonal antibodies. **AL**
(See the full article in Endocrine-Related Cancer ***13(1)**, March 2006)*

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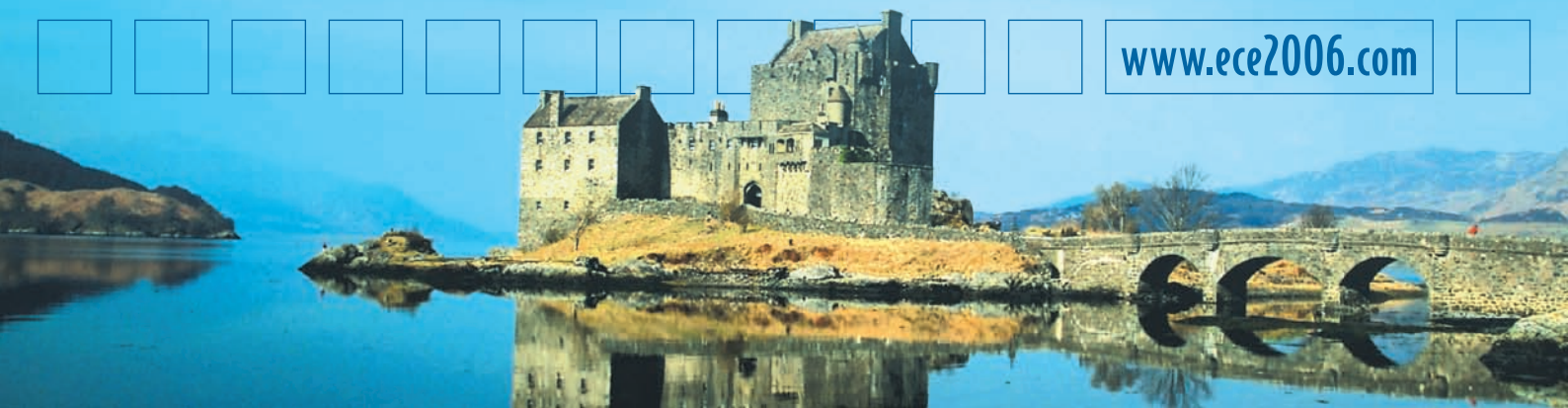
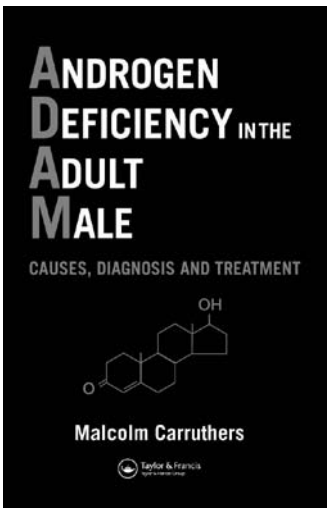


BOOK REVIEW

Androgen Deficiency in the Adult Male



M Carruthers, Taylor & Francis, 2004, 280 pp, £70, ISBN 1842140329

► **This book is interesting in parts, but raises some controversial views which endocrinologists in general would find difficult to endorse. The author admits this in the introduction, but hopes that endocrinologists will 'supply mainly constructive criticisms of those that they find unacceptable'. The book appears to be mainly directed toward general practitioners and hospital specialists like diabetologists, cardiologists and geriatricians, with the aim of raising their awareness of testosterone deficiency.**

The chapter on the history of testosterone is interesting and not normally included in standard textbooks. The main body of the book, however, deals with causes, diagnosis and treatment of androgen deficiency. Although the author relates a lot of the standard facts and knowledge of testosterone physiology and pathophysiology, I was concerned by the almost complete omission of hypothalamic-pituitary disorders and the causes of primary testicular failure in the chapter on the causes of androgen deficiency.

The author argues that 'lower cut-off points for laboratory androgens are totally unsatisfactory as a means of diagnosing the andropause. Denying a therapeutic trial of testosterone treatment to men with characteristic androgen deficiency symptoms on the basis of androgen assays alone is a misuse of laboratory data.' This is a very worrying statement with no definitive supporting scientific evidence.

The final chapter is on sex steroids and the brain. It appears isolated at the end of the book in the absence of other chapters on important areas such as bone, diabetes, cardiovascular disease and the prostate, which warrant equal treatment.

This book should not be considered as a comprehensive textbook of androgen deficiency. It does, however, raise several interesting discussion points, though it is very controversial and includes opinions which are not those of the large majority of endocrinologists.

HUGH JONES

8th European Congress of Endocrinology

Glasgow, UK, 1-5 April 2006.

Contact: Liz Brookes, Society for Endocrinology, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642210; Fax: +44-1454-642222; Email: conferences@endocrinology.org).

14th European Workshop on the Molecular and Cellular Endocrinology of the Testis

Bad Aibling, Germany, 22-26 April 2006.

Contact: Prof. Dr Eberhard Nieschlag, Institute of Reproductive Medicine of the University, Domagkstrasse 11, D-48129 Münster, Germany (Tel: +49-251-8356096; Fax: +49-251-8356093; Email: eberhard.nieschlag@ukmuenster.de; Web: www.etw2006.de).

33rd European Symposium on Calcified Tissues

Prague, Czech Republic, 10-14 May 2006.

Contact: Amanda Sherwood, PO Box 337, Patchway, Bristol BS32 4ZR, UK (Tel: +44-1454-610255; Fax: +44-1454-610255; Email: admin@ectsoc.org; Web: www.ectsoc.org).

1st World Congress on Controversies in Obesity, Diabetes, and Hypertension (CODHy)

Berlin, Germany, 25-28 May 2006.

Contact: Z Ben-Rafael (Email: codhy@codhy.com; Web: www.codhy.com).

International Neuroendocrine Federation: 6th International Congress of Neuroendocrinology

Pittsburgh, PA, USA, 19-22 June 2006.

Contact: Tony Platt (Tel: +1-412-6489395; Email: plant1@pitt.edu; Web: ccehs.upmc.edu/course2/187b).

ENDO 2006

Boston, MA, USA, 24-27 June 2006.

Contact: The Endocrine Society, 8401 Connecticut Avenue, Suite 900, Chevy Chase, MD 20815-5817, USA (Tel: +1-301-9410200; Fax: +1-301-9410259; Email: endostaff@endo-society.org; Web: www.endo-society.org/scimeetings).

National Osteoporosis Society: 11th Conference on Osteoporosis

Harrogate, UK, 25-28 June 2006.

Contact: Sarah Phillips, National Osteoporosis Society, Camerton, Bath BA2 0PJ, UK (Tel: +44-1761-473106; Email: s.phillips@nos.org.uk; Web: www.nos.org.uk/conference).

45th Annual Meeting of the European Society for Paediatric Endocrinology

Rotterdam, The Netherlands, 30 June-3 July 2006.

Contact: Britta Sjöblom (Tel: +46-8-4596650; Email: britta.sjoblom@congrex.se; Web: www.espe2006.org).

1st Joint Meeting of the Bone Research Society and the British Orthopaedic Research Society.

Southampton, UK, 5-6 July 2006.

Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley GL55 6DS, UK (Tel: +44-1453-549929; Fax: +44-1453-548919; Email: janet@janet-crompton.com; Web: www.brs-bors-2006.org).

Society for Endocrinology Summer School

Cambridge, UK, 11-14 July 2006.

Contact: Ann Lloyd, Society for Endocrinology, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: ann.lloyd@endocrinology.org; Web: www.endocrinology.org/training).

8th International Symposium on Neurobiology and Neuroendocrinology of Aging

Bregenz, Austria, 23-28 July 2006.

Contact: Richard Falvo, Department of Cell and Molecular Physiology, School of Medicine, Medical Biomolecular Research Building, 103 Mason Farm Road, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7545, USA (Tel: +1-919-9661099; Fax: +1-919-9666927; Email: rfalvo@med.unc.edu; Web: www.neurobiology-and-neuroendocrinology-of-aging.org).

10th International Congress on Obesity

Sydney, NSW, Australia, 3-8 September 2006.

Contact: ICO 2006 Secretariat, GPO Box 2609, Sydney, NSW 2001, Australia (Tel: +61-2-92411478; Fax: +61-2-92513552; Email: enquiries@ico2006.com; Web: www.ico2006.com).

Cell and Molecular Biology of TRP Channels

Bath, UK, 7-8 September 2006.

Contact: Helen Davies (Email: meetings@biochemistry.org; Web: www.biochemistry.org/meetings/programme.cfm?Meeting_No=SA051).

5th International Symposium on Hormonal Carcinogenesis

Montpellier, France, 10-13 September 2006.

Contact: Tandria Price, University of Kansas Medical Center, Mail Stop 1018, 3901 Rainbow Blvd, Kansas City, KS 66160, USA (Tel: +1-913-5884744 Fax: +1-913-5884740; Email: tprice@kumc.edu; Web: www.kumc.edu/hormonecancers).

12th International Congress on Hormonal Steroids and Hormones and Cancer

Athens, Greece, 13-17 September 2006.

Contact: Congress Organising Bureau, Erasmus Conferences Tours and Travel SA, 1 Kolofontos and Evridikis Street, 161 21 Athens, Greece (Tel: +30-210-7257693; Fax: +30-210-7257532; Email: info@erasmus.gr; Web: www.erasmus.gr/web/pages.asp?lang=2&page=1073).

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